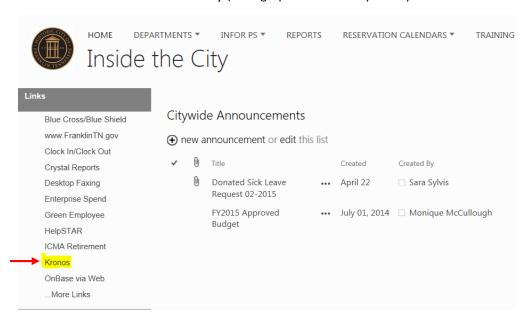
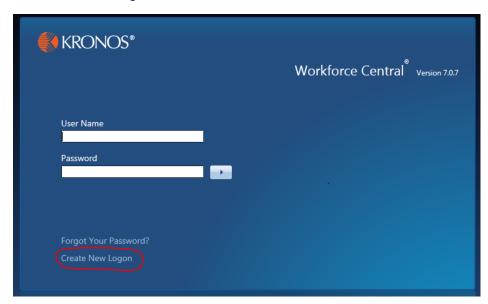
Access Kronos from Inside the City (During Open Enrollment you may also access it from the City of Franklin website under HR)



Click Create New Logon



Enter the required information and click *Submit* **EMPLOYEE SIGN IN**

Welcome to the Self-Service Logon page. To set up your logon, please provide the following information.



On the next page, your User Name will automatically be generated and you will choose your Password.

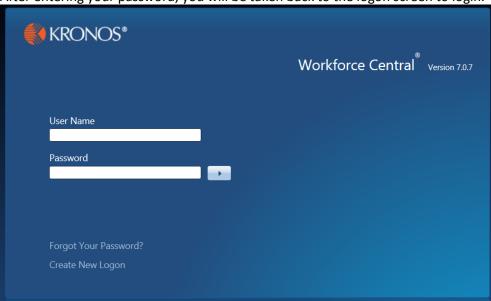
Enter your desired password (No capital letters, numbers or symbols are required, but can be used. Must be at least 4 character spaces long.)

SELECT YOUR PASSWORD

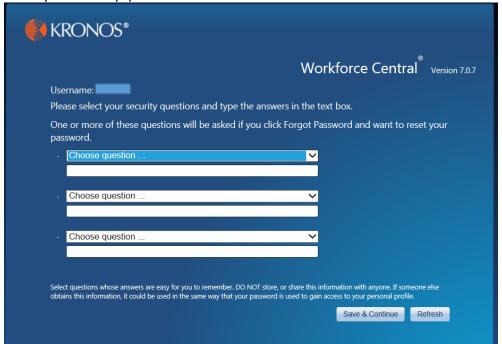
Your password must meet the requirements defined by your system administrator.

Save Reset	
User Name	
Enter your new Password	
Verify your new Password	

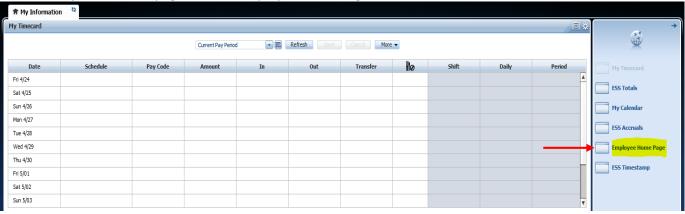
After entering your password, you will be taken back to the logon screen to login.



Select your security questions and click Save & Continue



From the My Information page, click on Employee Home Page

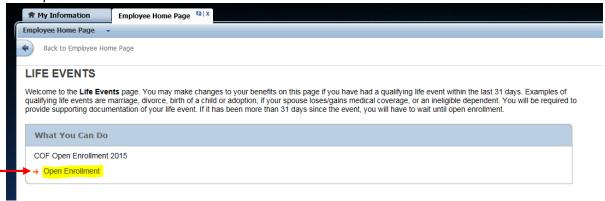


Click COF Open Enrollment 2015

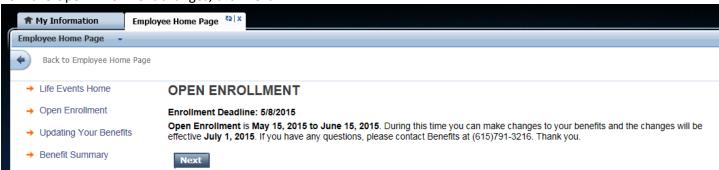
EMPLOYEE SELF SERVICE



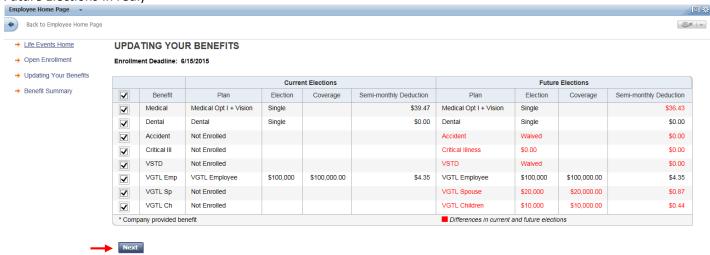
Click Open Enrollment



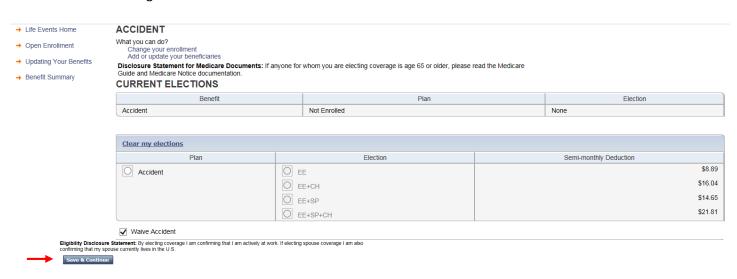
To make Open Enrollment changes, click Next



Check all of the benefits to walk through each one. Then click *Next* (In this example, the employee added all of the *Future Elections* in red.)



Make the desired changes and click Save & Continue



Review your Benefits Summary

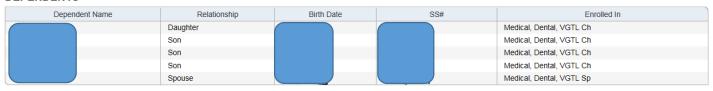
Enrollment Date: 7/1/2015

This is a list of the benefits you have selected. Please review carefully for accuracy. When you have completed the enrollment changes, click Submit Changes below.

Below is a summary of benefits you are enrolled in. Please review to verify all information is correct.

Benefit	Plan	Election	Coverage	Semi-monthly Deduction	Employer Contribution		
Medical	Medical Opt I + Vision	Family		\$129.76	\$519.06	<u>Edit</u>	
Dental	Dental	Family		\$25.02	\$10.62	Edit	
FSAMedical	FSA Medical	\$25.00		\$25.00		Edit	
FSADependent	FSA Dependent	\$50.00		\$50.00		Edit	
Accident	Accident	EE		\$8.20		Edit	
Critical III	Critical Illness	\$15,000	\$15,000.00	\$8.48		Edit	
VSTD	VSTD	\$0.00		\$0.00		Edit	
VGTL Emp	VGTL Employee	\$100,000	\$100,000.00	\$6.25		<u>Edit</u>	
VGTL Sp	VGTL Spouse	\$10,000	\$10,000.00	\$0.63		Edit	
VGTL Ch	VGTL Children	\$10,000	\$10,000.00	\$0.44		Edit	
* Company provided benefit							

DEPENDENTS



BENEFICIARIES



If everything is correct, click Submit Changes. If you need to get more information and complete later, click Save for Later. You may also print this page.

You will receive confirmation after submitting your changes. Click OK.

BENEFIT SUBMISSION CONFIRMATION

Your benefit information has been submitted.

OK

You may return to the Employee Home Page at any time by clicking the back arrow in the upper left corner.

